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| **Employee Name:** | | **Job Title:** |
| **Company:** | | **Supervisor** |
| **Type of Offense:**  Leaving work area without permission  Damaging/losing property/equipment  Falsifying company documents  Unsafe behavior  Eating in undesignated areas  Smoking in undesignated areas  Fighting or creating conflict  Abusiveness  Horseplay  Bringing weapon to a weapon restricted area  Bringing illegal drugs/alcohol onsite  Failing to follow instructions  Sleeping on the job  Poor hygiene  Poor housekeeping  Disregarding dress code | | **Policies Violated:** |
| **Incident description:** (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee’s responses immediately after the incident and other significant conversations; employee’s previous related training or counseling; and other relevant facts.) | | |
| **Employee statement: \_\_\_\_** I agree with the incident description above. \_\_\_\_I disagree with the incident description above.  **Date report presented to employee:** | | |
| **Employee Comments (Attach sheet if necessary):** | | |
| **Completed By:** | | |
| **Progressive step:**  \_\_ Oral warning *\_\_* Suspension (unpaid)  \_\_ Written warning \_\_\_ Release  \_\_ Written reprimand \_\_\_ Discharge  *To be completed by HR or Safety Manager* | **Previous warnings:**  Type: Offense: Date:  Type: Offense: Date:  Type: Offense: Date:  *To be completed by HR or Safety Manager* | |
| **Consequence if incident occurs again:** | **HR or Safety Manager Signature:**  **Date:** | |
| **Employee acknowledgement:** My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense.  **Employee signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of person presenting report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |